

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.
10/803541
APPLICANT(S)

FILING DATE

5780107

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51		1				
2							52		1				
3							53						
4							54						
5							55						
6							56						
7							57						
8							58		1				
9							59						
10							60						
11							61		1				
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	13					
TOTAL CLAIMS							TOTAL CLAIMS	17					